

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

03 AUG 29 PM 1:33 MUST BE FILED IF INFORMATION ON THE FORM CHANGES.

1. Committee Identification No. 37889 MACORB COUNTY CLERK MINOR CHIRKS MINOR CLERK MINOR CHIRKS MINOR CLERK MINOR	TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MOST BE TIELD IT IN GRAND TO THE TIELD TO T	
2. Type of Filing a or	1 Committee Identification No. 1272 89 MACONE COUNTY CLERK	
4. Candidate Last Name STAMPAN First Name Wally M.I. 4. Candidate Last Name STAMPAN First Name Wally M.I. 4. Candidate Last Name STAMPAN First Name Wally M.I. 4. Candidate Last Name STAMPAN First Name Wally M.I. 4. Candidate Last Name STAMPAN M.I. 4. Candidate Last Name STAMPAN M.I. 4. Candidate Last Name STAMPAN M.I. 4. County of Residence Macwing M.I. 4. Office Sought: (Check one) Governor Lt. Governor State Senator State Representative Secretary of State State Board of Education Latter State Representative Secretary of State State Board of Education Latter State Latter State Latter State Board of Education Latter State Board of Education Latter State Latter La	2. Type of Filing a. Si Original OR b. Amendment to Item(s)# c. Date Change(s) Took Place / /	
4a. County of Residence	3. Full Name Of Committee (must include candidate's first and last name)	
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4c. Office Sought: (Check one) Governor Lit. Governor State Senator State Representative Secretary of State State Board of Education Governor Bd of Regents UM Bd of Trustees MSU Bd of Gov WSU Attorney General Court of Appeals Court of Appeals District Court Probate Court Detroit Recorders Court Supreme Court Justice Circuit Court 4d. District # or Jurisdiction Local or Other (Please Specify C.T., Council 5. Date Committee Was Formed 3-94-33 (Mo/Day/Yr) 7. Committee Mailing Address (May be P. O. Box) Include Zip Code 7a. Committee Street Address (May not be P. O. Box) 33251 Duncan Frustry Ture Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) 8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) 33251 Duncan Frustry Ture Ture	4a. County of Residence Macons 4b. Political Party (If applicable)	
Governor		
7. Committee Mailing Address (May be P. O. Box) Include Zip Code 33251 Duncan Frasurer, Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) 8. Treasurer, Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) 9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. 13251 Duncan Frasurer, Name and Address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. 13251 Duncan Frasurer, Name and Address of the person (other than the treasurer) who will be responsible for the committee treasurer will handle these responsibilities, leave this item blank. 13252 Duncan Frasurer, Name and Address of the person (other than the treasurer) who will be responsible for the committee treasurer will handle these responsibilities, leave this item blank. 13252 Duncan Frasurer, Name and Address of the person (other than the treasurer) who will be responsible for the committee treasurer will handle these responsibilities, leave this item blank. 14202 Duncan Prasurer, Name and Address of the person (other than the treasurer) who will be responsible for the committee treasurer will handle these records and Campaign Statement and outstanding debt count against the stream than the reasurer while handle these responsible for the next election. The Reporting Waiver will be automatically lost if the committee does NOT expect to receive or expenditures and outstanding debt count against the stream than the reasurer. 10. Person Name and Address (Direct and in-kind contributions, expenditures and outstanding debt count against the stream than the reasurer. 11. Names and Ad	☐ Governor ☐ Lt. Governor ☐ State Senator ☐ State Representative ☐ Secretary of State ☐ State Board of Education ☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ Attorney General ☐ Court of Appeals ☐ District Court ☐ Probate Court ☐ Detroit Recorders Court ☐ Supreme Court Justice ☐ Circuit Court	
7. Committee Mailing Address (May be P. O. Box) Include Zip Code 33251 Duncan Frasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) 8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) 9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. 13.2101 Duncan Frascin, MI 48026 Area Code and Phone 586-945-0457 10. REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filling deadline of a required Campaign Statement, that Campaign Statement cannot be waived. 11. Names and Addresses of depositories or intended depositories of committee funds. 12. This item applies only to a Gubernatorial Candidate Committee.	5. Date Committee Was Formed 2-39 ~3 (Mo/Day/Yr)	6. Committee Area Code and Phone Number 586 294~8110
33251 Duncan Franser, Marke and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) 33261 Duncan Franser, Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) 33201 Duncan Franser, MI Goode and Phone Franser, MI Goode and Phone S86-945-0437 10. Reporting Walver The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived. 11. Names and Addresses of depositories or intended depositories of committee funds. 12. This item applies only to a Gubernatorial Candidate Committee.	7. Committee Mailing Address (May be P. O. Box) Include Zip Code	L 17
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(Michigan bank, Grown State)	and the Condition of Sovings & Loan Association)	Candidate Committee.
11a. Official Depository: Hurryton Bank 11b. Secondary Depository: 36501 Little Mack St. Clair Shores, Mi 48081	Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: ItWe certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of mylour knowledge or belief. Current Treasurer Type or Print Name Date Mo. Day Year	complete to the best of mylour knowledge or belief.	
Candidate Wally Stanger Willy Signature Date 8 29 03 Type or Print Name Signature Mo. Day Year		
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